

Name
in
Full

Georgia Baker

CERTIFICATE OF DEATH

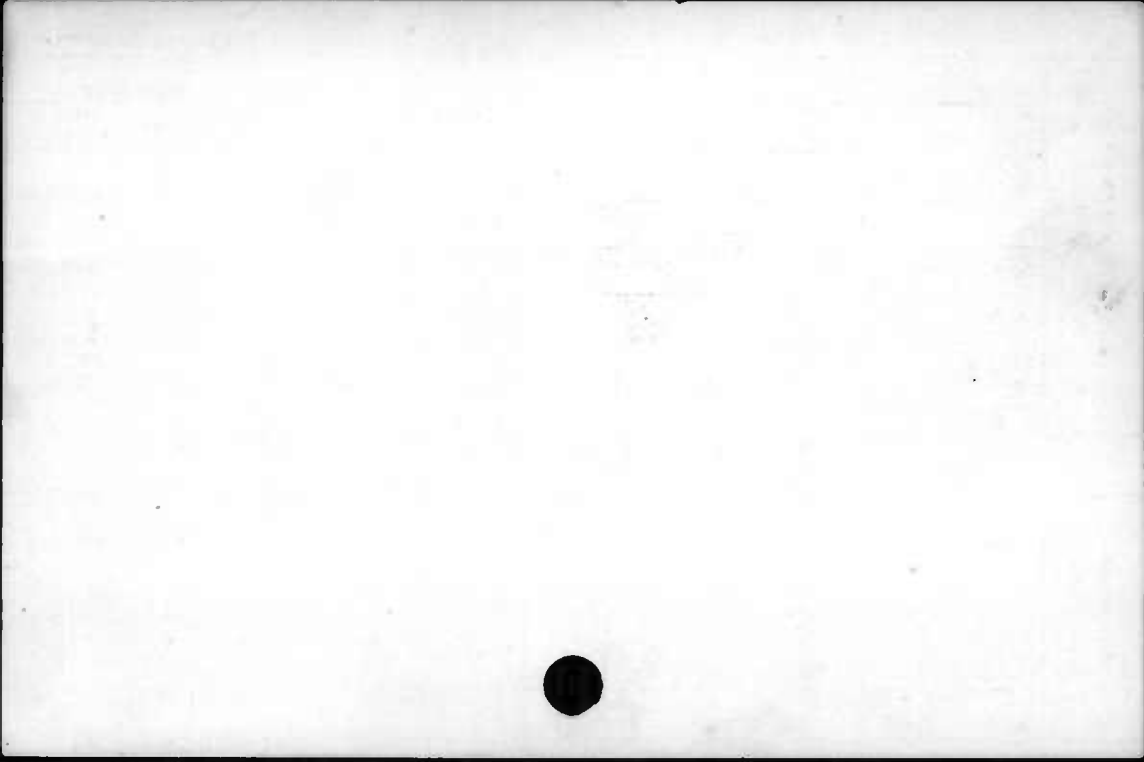
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Aberdeen		County Harford		MARYLAND	
Date of death		Month Jan.	Day 20	Years 26	Months		Days
Sex	Female		Color or Race	White		Birth-place	Harford Co.
Occupation	None			Where Residing if not at place of death Near Aberdeen			
Married, Single or Widowed	Single		Name of Wife or Husband _____				
Father's Name	George Baker				Father's Birthplace	Harford, Md.	
Mother's Maiden Name	Elizabeth Wells				Mother's Birthplace	Harford, Md.	
Name of person giving information	Elizabeth Osborn				How related to deceased	Mother	

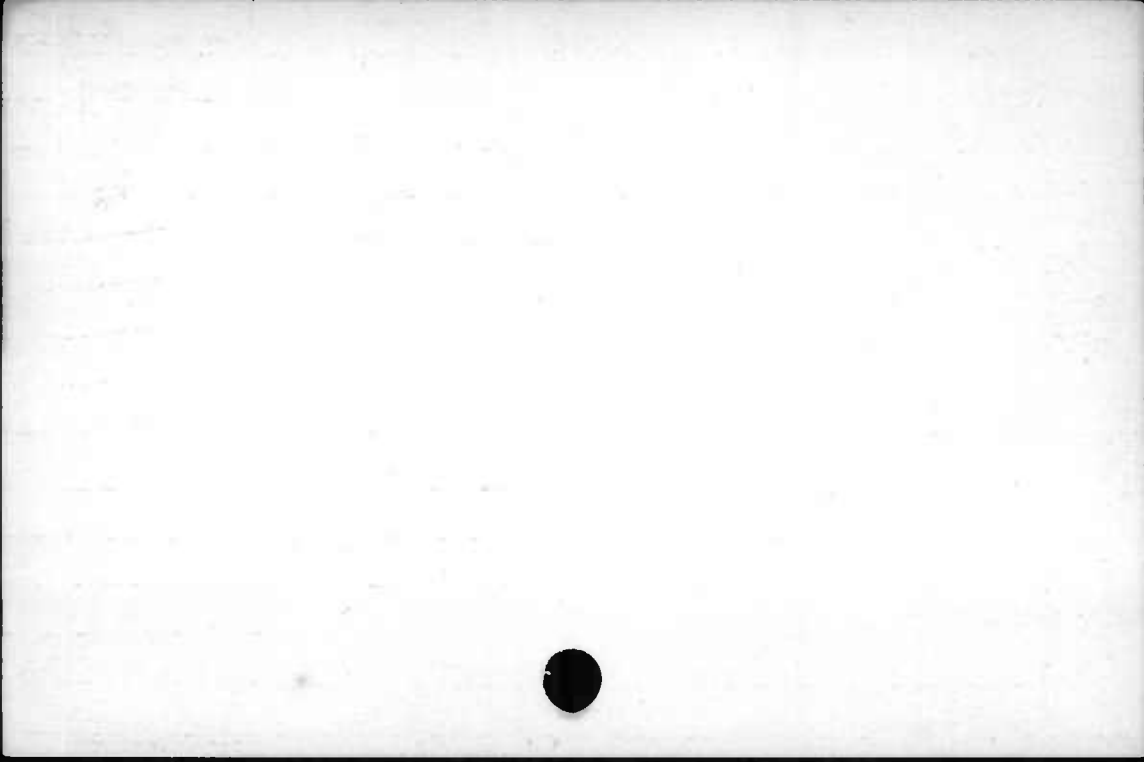
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Epilepsy, Congenital		How long	24 yrs. 6 mos.
Immediate	Status Epilepticus, (exhaustion)		How long	8 to 10 das.
Are the name, age, sex, color, date and place correctly given above?	Geo		Signature of Physician	Walter B. Rowd M.D.
Bury at Baker cemetery		Address	Aberdeen	
Accident or Suicide?		Harford Co.		



Name in Full Roy Berkenstein ✓		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Hedden ^{Town}		Harford ^{County}
	Date of death 1906 ^{Month} 1 ^{Day} 4 ^{Age} 9 ^{Years} 9 ^{Months} 1 ^{Days} 1		
	Sex Male	Color or Race White	Birth-place Ind
	Occupation Child	Where Residing if not at place of death Hedden	
	Married, Single or Widowed Single	Name of Wife or Husband	
	Father's Name John Berkenstein	Father's Birthplace Ind	
	Mother's Maiden Name (29)	Mother's Birthplace Ind	
Name of person giving information Mrs Berkenstein Dr	How related to deceased Paternal Grandmother		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Intestinal Tuberculosis		How long 1 Yr
	Immediate Exhaustion		How long
	Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician J. Woodward
			Address Hedden Ind
	Accident or Suicide? No		



Name
in
Full

Beverd

CERTIFICATE OF DEATH

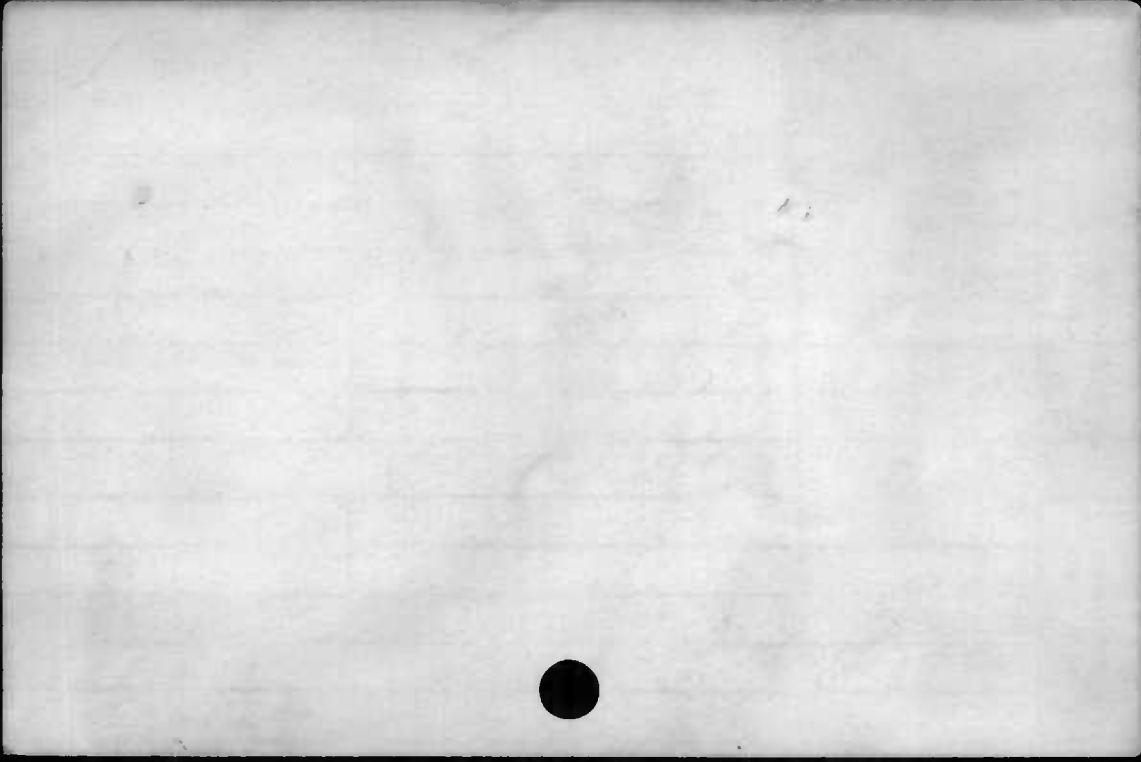
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Rocks</u> Town			<u>Harford</u> County		MARYLAND	
Date of death 190 <u>6</u>	Month <u>Jan</u>	Day <u>17</u>	Age _____	Years _____	Months _____	Days _____
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>Rocks Md.</u>			
Married, Single or Widowed _____			Occupation _____			
Name of Wife or Husband _____						
Father's Name <u>Geo T Beverd</u>			Fether's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Martha E Rockhold</u>			Mother's Birthplace <u>Maryland</u>			
Name of person giving information <u>Geo T Beverd</u>			How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Still Born</u>	How long _____
Immediate		How long _____
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>H. F. Bradley M.D.</u>
		Address <u>Garrettsville</u>
Accident or Suicide?		<u>Md</u>



Name
in
Full

Mollie, W. Bosley

CERTIFICATE OF DEATH

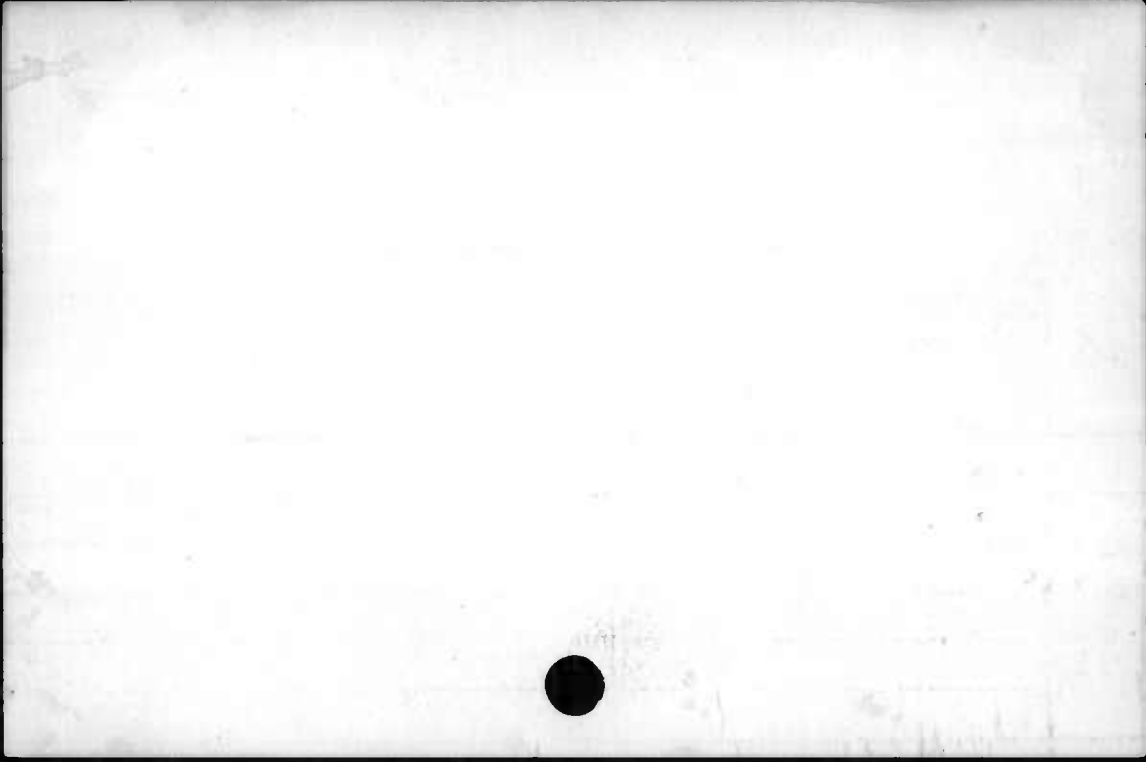
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Jerusalem		County Harford		MARYLAND	
Date of death	1904	Month Jan	Day 7	Age 31	Years	Months 4	Days
Sex	Female		Color or Race	White		Birth- place	Jerico
Occupation	House Wife			Where Residing if not at place of death Jerusalem			
Married, Single or Widowed	Name of Wife Husband			James, M. Bosley			
Father's Name	James Bramble				Father's Birthplace		
Mother's Maiden Name	Hannah Mann				Mother's Birthplace		
Name of person giving Information	James Bosley				How related to deceased Husband		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Purpura Hemorrhagica		How long	16 weeks & days
Immediate	Exhaustion from hemorrhage		How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician A. H. Meyer	
			Address Franklinville Md.	
Accident or Suicide?		No		



Name
in
Full

CERTIFICATE OF DEATH

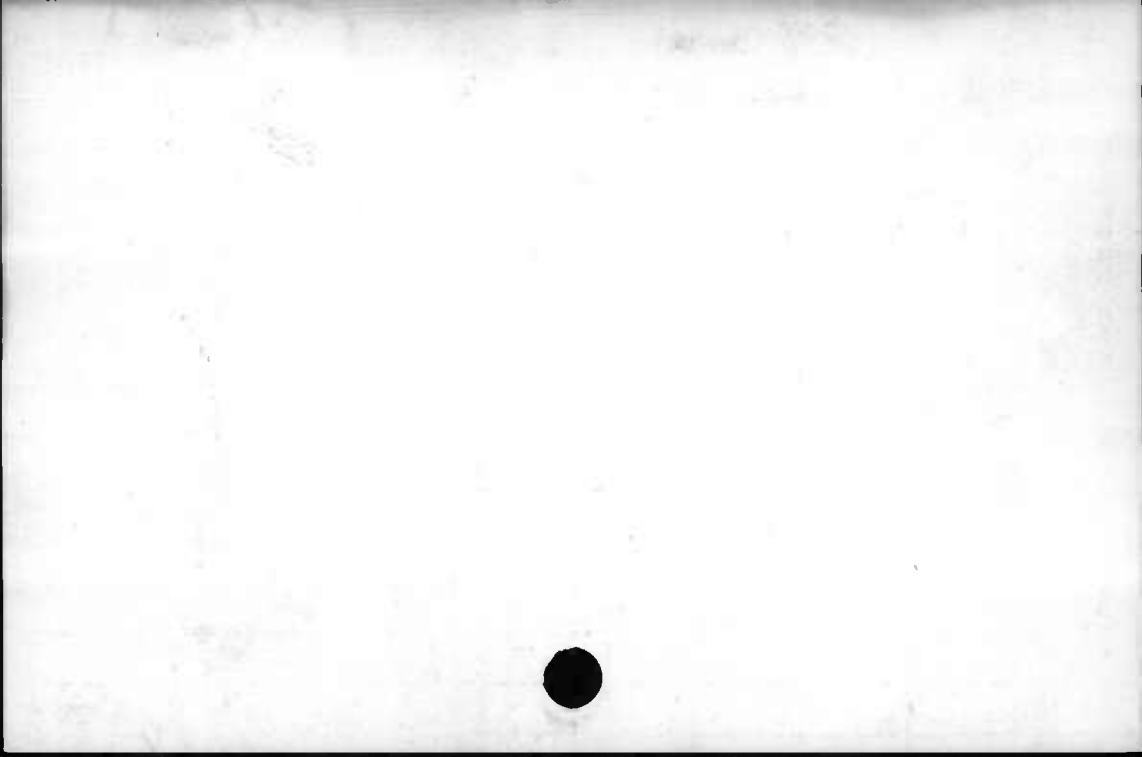
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Louisa Bradford</i>				County <i>Harford Co</i>		STATE <i>MARYLAND</i>	
Died at <i>(Near) Taylor</i>		Month <i>1</i>		Day <i>14</i>		Age <i>188</i>	
Date of death <i>1906</i>		Month <i>1</i>		Day <i>14</i>		Age <i>188</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Harford Co.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>(Near) Taylor</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>John</i>					
Father's Name <i>Thomas Hutchins</i>		Father's Birthplace <i>Manor</i>					
Mother's Maiden Name <i>Louisa Hope</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Lura Nelson</i>		How related to deceased <i>Niece</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Congestion of Lungs</i>	How long	<i>48 hours</i>
Immediate	<i>Pneumonia</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. T. Payne</i>	
		Address <i>Winn Brook</i>	
		<i>Baltimore County</i>	
Accident or Suicide? <i>Accident</i>			



Name
in
Full

Hazel Jennette Brown

CERTIFICATE OF DEATH

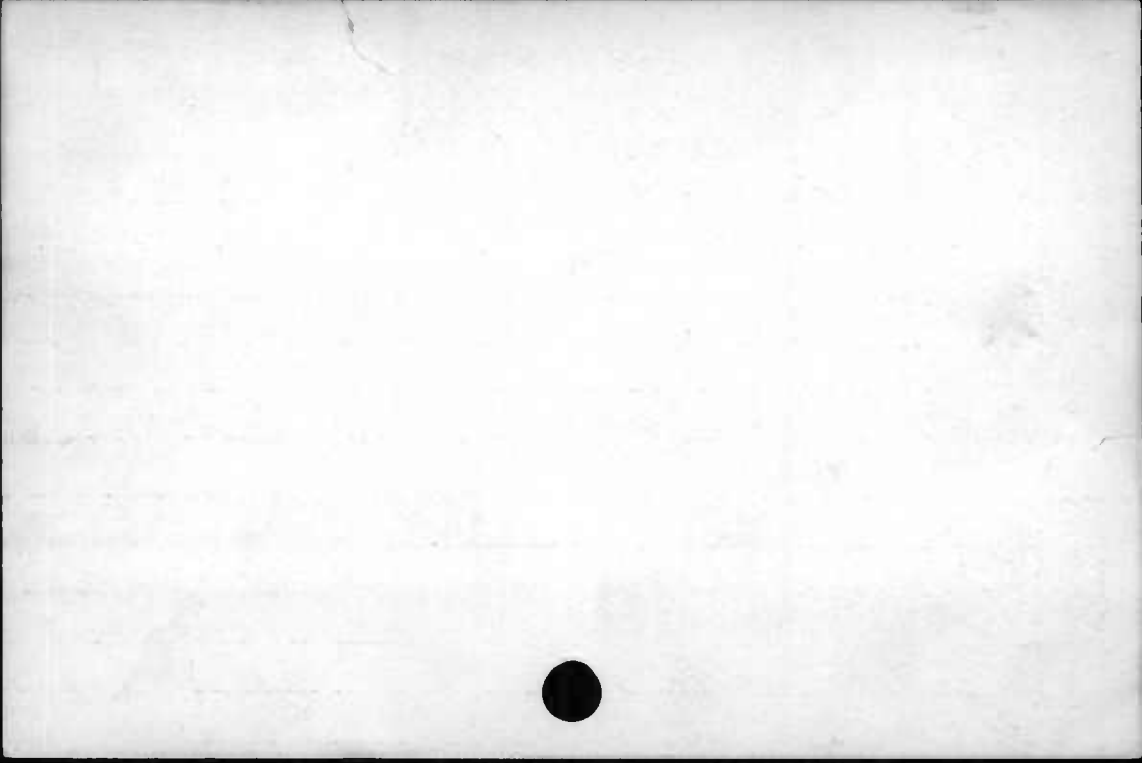
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Dry branch		County Harford		MARYLAND	
Date of death 190		Month 6 Jan.	Day 14	Age —	Years —	Months 4	Days 2
Sex female		Color or Race white		Birth- place Maryland			
Married, Single or Widowed		single		Occupation none			
Name of Wife or Husband							
Father's Name John Brown				Father's Birthplace Maryland			
Mother's Maiden Name Mary O. Fletcher				Mother's Birthplace Maryland			
Name of person giving in formation Joshua Fletcher				How related to deceased uncle			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Marasmus	How long	179
Immediate	Marasmus	How long	4 months
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		W. Millard Stirling	
Address		Shave	
Accident or Suicide?		—	



Name

In
Full

Barney Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Carsins</i> ^{Town}		<i>Harford</i> ^{County}			
Date of death	<i>1906</i>	Month <i>January</i>	Day <i>26</i>	Age <i>75</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Harford Co.</i>		
Occupation <i>Shell digger,</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband			
Father's Name <i>Walter Butler</i>			Father's Birthplace <i>Harford Co.</i>		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>John Butler</i>			How related to deceased <i>son</i>		

CAUSES OF DEATH

Primary

How long

~~_____~~ *Nephritis*How long *2 yrs.*

Are the name, age, sex, color, date and place correctly given above?

yes -

Signature of Physician

Address

A. R. Fletcher
Abudeen
*Ind.*Accident or Suicide? *—*PHYSICIAN
OR CORONER



Name
in
Full

Mary A. Chamberlain ✓

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Harreds Grace^{County} HarfordDate
of death 1906Month
1Day
3Age
Years 79Months
-Days
-

Sex

Female

Color or
Race

White

Birth-
place

Harreds Grace

Occupation

House Wife

Where Residing If not
at place of deathMarried, Single
or Widowed

Widow

Name of ~~Wife~~
Husband

Geo. B Chamberlain

Father's
Name

Joseph B. Carver

Father's
Birthplace

-

Mother's
Maiden Name

-

Mother's
Birthplace

-

Name of person giving
In formation

Joseph B Chamberlain

How related
to deceased

Son

CAUSES OF DEATH

Primary

Heart Disease

How long

4 years

Immediate

Acute Bronchitis

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

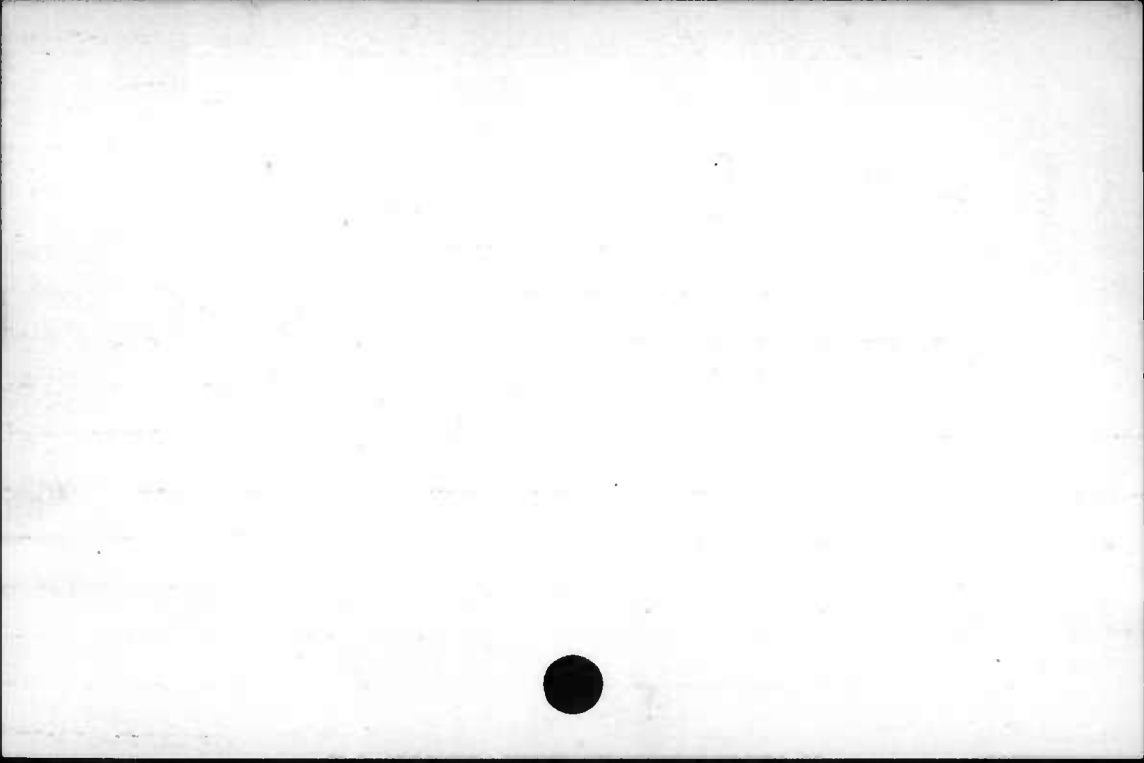
R H Smith

Address

Harreds Grace Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Leilighan B. Cox

11111/I

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Emmerton* Town *Harford* County **MARYLAND**

Date of death 190 *6* Month *1* Day *21* Age *1* Years *2* Months *1* Days *2*

Sex *Female* Color or Race *Black* Birth-place *Emmerton*

Occupation *—* Where Residing if not at place of death *—*

~~Married~~, Single
~~or Widowed~~

Name of Wife or
HusbandFather's
Name*George Cox (93)*Father's
Birthplace*Ind*Mother's
Maiden Name*Hannah Lynsey*Mother's
Birthplace*Ind*Name of person giving
In formation*George Cox*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Pneumonia

How long

3 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

No Doctor
Dean Don T. D.

Accident or Suicide?

Munlaan

Name
in
Full

Mrs Ellen H. Dallam

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Darlington</i>		^{County} <i>Harford</i>		MARYLAND	
Date of death	1906	Month	<i>Jan'y</i>	Day	<i>13th</i>
		Age	<i>71</i>	Months	<i>9</i>
				Days	<i>27</i>
Sex	<i>F</i>	Color or Race	<i>W</i>	Birthplace	<i>Darlington Md</i>
Occupation	<i>Retired, housekeeping</i>		Where Residing if not at place of death <i>at Darlington</i>		
Married, Single or Widowed	Name of Wife Husband		<i>Thos Dallam</i>		
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>age</i>	How long	<i>few hours</i>
Immediate	<i>Angina pectoris</i>	How long	<i>almost instantaneous</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Ephr^m Hopkins M.D.</i>
		Address	<i>Darlington</i>
Accident or Suicide?			



Name
in
Full

Not named De Baugh (M)

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Date

of death 1906

Month

Day

Age

Years

Months

Days

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

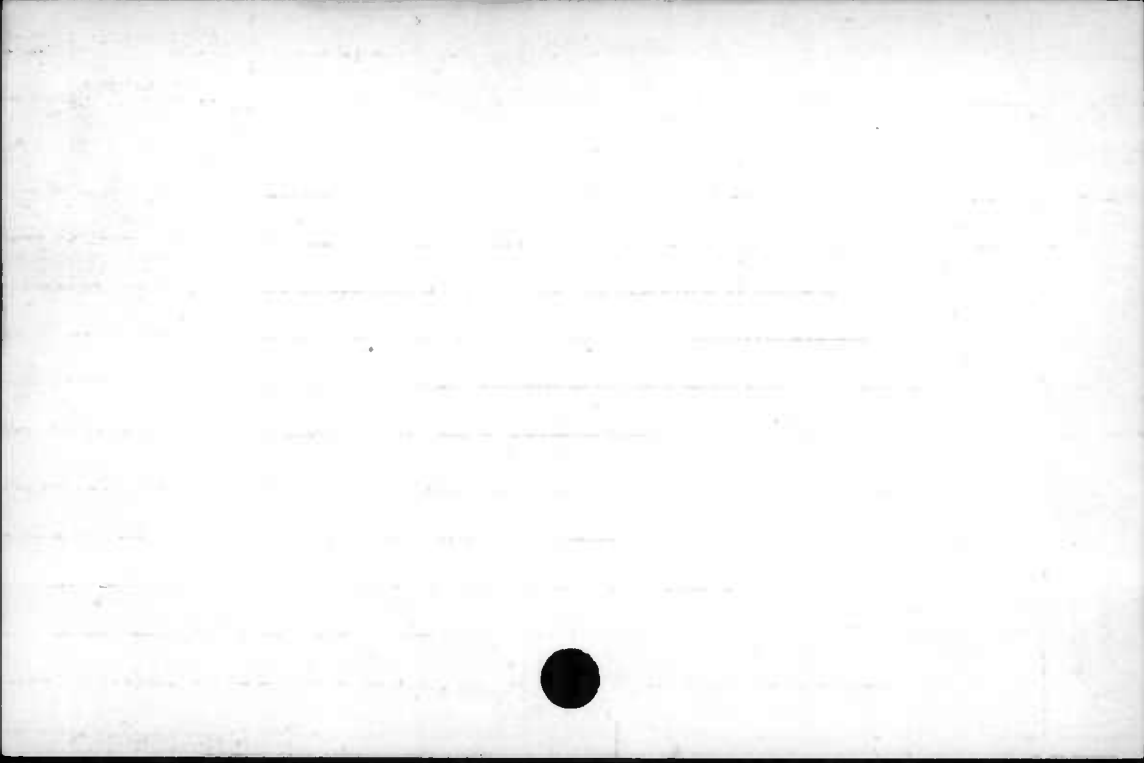
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Town Gibson</i>			County <i>Harford</i>		MARYLAND	
Date of death 1906		Month <i>Jan.</i>	Day <i>10</i>	Age <i>75</i>	Months	Days
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Widower</i>		Occupation <i>Blacksmith</i>				
Name of Wife or Husband <i>Sarah</i>						
Father's Name <i>Henry Arcomby</i>				Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Margaret Carroll</i>				Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>Henry Arcomby</i>				How related to deceased <i>Son</i>		

CAUSES OF DEATH

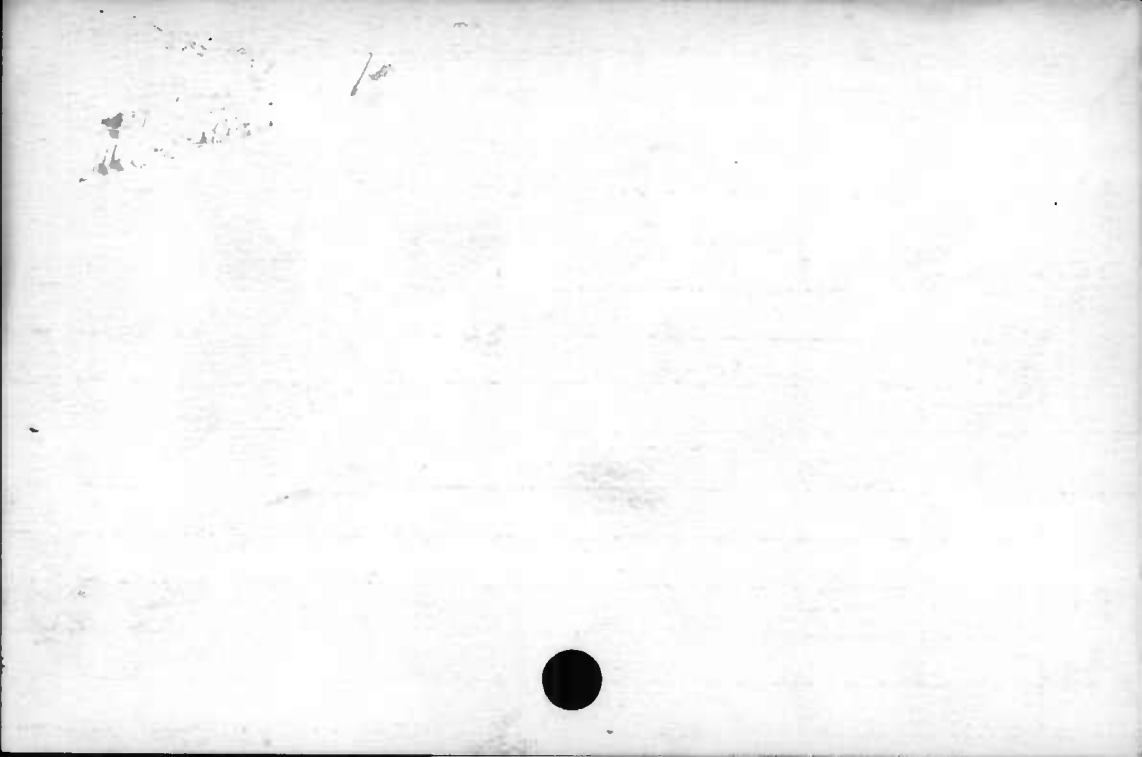
PHYSICIAN
OR CORONER

Primary	<i>General Debility</i>	How long <i>154</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>F. L. Hughes</i>
		Address <i>Fruit Hill</i>
Accident or Suicide? <input checked="" type="checkbox"/>		

Saturday 10 am service at
Fairview Presbyterian Church
Buried Jan 13 1906

Name in Full		Johnnie Breeschler ✓				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND	
	Harre de Grace		Harford					
	Date of death	1906	Month	1	Day	8	Age	
			Years		3		Months	
			Days					
	Sex	Male		Color or Race	White		Birth-place	Harre de Grace
Occupation			Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband					
Father's Name			Geo. Breeschler			Father's Birthplace		Harre de Grace
Mother's Maiden Name			Mamie Crowley			Mother's Birthplace		" " "
Name of person giving information			How related to deceased					

CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	Diphtheria		How long	8 weeks
	Immediate	Paralysis Throat Complications		How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		
	Signature of Physician		R. H. Smith		
	Address		Harre de Grace Md		
Accident or Suicide?					



Name In Full

Certificate of Death

A A G. Lecher

Town

County

Died at

MARYLAND

Havre de Grace

Harford

Month

Day

Y.

M.

Native of

Occupation

Date 1906

Jan 1

Age

Harford

Carpenter

Male

White

Married

Widower

Died

Female

Colored

Single

Widower

Number of children living

2

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Dysentery

Death

Immediate

Pneumonia

How long sick

One week

Accident, Suicide, Homicide

Reported by

A. L. Crothers

Address

Havre de Grace

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full Peter W Gillespie		CERTIFICATE OF DEATH	
Died at Havre de Grace ^{Town}		Harford ^{County}	
Date of death 1906 ^{Month} 1 ^{Day} 26 ^{Years} 69 ^{Months} 11 ^{Days} —		MARYLAND	
Sex Male Color or Race White Birthplace Cecil Co			
Occupation Carpenter Where Residing If not at place of death			
Married, Single or Widowed Married Name of Wife or Husband Ammanda Gillespie			
Father's Name Samuel Gillespie Father's Birthplace Cecil Co			
Mother's Maiden Name Susan Est Shrop Mother's Birthplace —			
Name of person giving information Ammanda Gillespie How related to deceased Wife			
CAUSES OF DEATH			
Primary Accidental falling from scaffold (166) How long			
Immediate Accidental falling from scaffold How long			
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Michael H Fahy (Coroner)	
Address Michael H Fahy			
Accident or Suicide? accident		Coroner Havre de Grace Md	

sent to me thro. your
friend

Name

in
Full

CERTIFICATE OF DEATH

John Thomas Greenage

Town

County

MARYLAND

Died at

Perryman

Harford

Date

1906

Month

January

Day

27

Years

Age 21

Months

Days

Sex

Male

Color or
Race

Coloured

Birth-
place

Harford Co

Occupation

Labourer

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

John Th. Greenage

Father's
BirthplaceMother's
Maiden Name

Mary E. Lewis

Mother's
BirthplaceName of person giving
In formation

John Th. Greenage

How related
to deceased

Father

CAUSES OF DEATH

Primary

Typhoid Pneumonia (98)

How long

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

A. R. Filletter

Address

Chesapeake

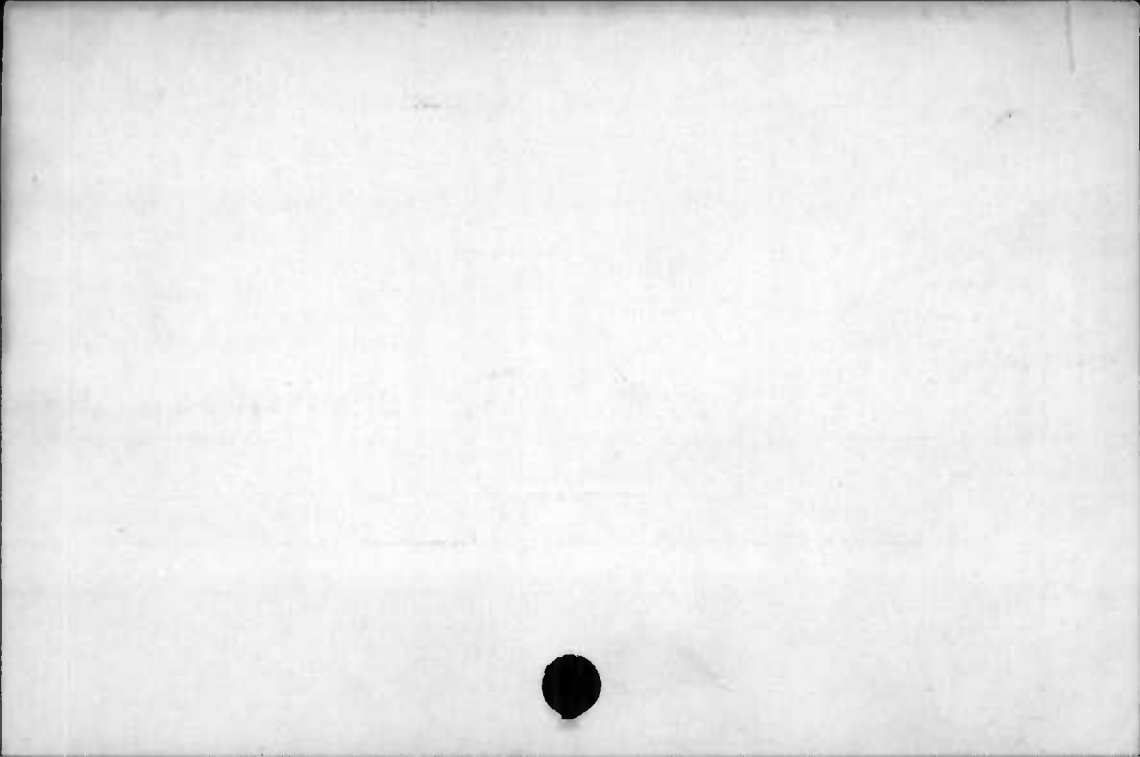
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		John Carril Howard				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Pyslicville		Harford		Maryland	
	Date of death	1906	January	25	Age	15	
	Sex	Male		Color or Race	White		Birth-place
	Occupation			Where Residing If not at place of death		Pyslicville	
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	John Carril Howard				Father's Birthplace	Monkton B. Co.
	Mother's Maiden Name	Margaret Roberts				Mother's Birthplace	Harford Co.
Name of person giving information	Wm. G. Roberts (63)				How related to deceased	Grandfather	
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Infantile Paralysis				How long	Two weeks
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
	Yes				Address		
					Cardiff Md.		
Accident or Suicide?							



Name
in
Full

William Bradley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Street</u> ^{Town}		<u>Harford</u> ^{County}		MARYLAND	
Date of death <u>1906</u>	Month <u>1</u>	Day <u>1</u>	Age <u>6</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>md</u>		
Occupation <u></u>		Where Residing if not at place of death <u>Ind.</u>			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>Joseph Dley</u>			Father's Birthplace <u>md</u>		
Mother's Maiden Name <u></u>			Mother's Birthplace <u></u>		
Name of person giving information <u>Joseph Dley</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Menigitis</u>	How long <u>30 Hours.</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>E. W. Farnham</u>
<u>Yes</u>	Address <u>Street P.O.</u>
Accident or Suicide?	<u>Ind</u>

Jan 3-06

Highland

Name in Full

Certificate of Death

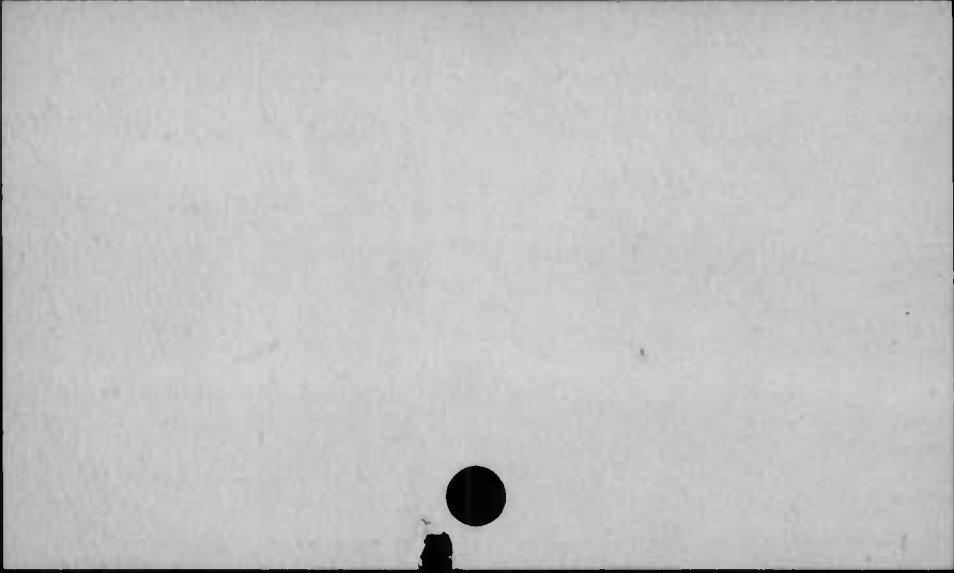
Name *Jane Johnson*
 Town _____ County _____
 Died at *Harris de Grace* *Harford Co* MARYLAND
 Date 1906 *Jan 29* Age *69* Native of *Harford Co* Occupation *Housework*
 Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ Divorced
 Number of children living *none*

Husband or *Mr Johnson*
 Wife _____
 Father's Name *Edwin Tilden* Mother's Maiden Name *Sallie Harris*

Cause of Death { Primary *Ezippu* Immediate *Pneumonia* } How long sick *10 weeks*
 (10) Accident, Suicide, Homicide

Reported by *A. C. Crothers*
 Address *Harris de Grace*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Francis B. Kearney

Town

Died at near *Hallston*

County

Harford

MARYLAND

Date

of death *1906*

Month

Jan

Day

26

Years

76

Age

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

County Derry, Ireland

Occupation

Farmer

Where Residing if not
at place of death

Near Hallston

Married, ~~Single~~
~~or Widowed~~

Name of Wife or
Husband

Father's
Name

Frank Kearney

Father's
Birthplace

Mother's
Maiden Name

Bridget Bradley

Mother's
Birthplace

Name of person giving
In formation

Frank Kearney Jr

How related
to deceased

Son

CAUSES OF DEATH

Primary

Paralysis

How long

6 Mo.

Immediate

Heart Failure

How long

2 Hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Geo. W. Davis M.D.

Address

Neosho, Mo.

Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

John W. Luthier

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *26 ave de Grace* TownCounty *Harford*Date
of death *1906*Month *1*Day *5*Age *77* YearsMonths *-*

Days

Sex *Male*Color or
Race *White*Birth-
place *Pennsylvania*Occupation *Waterman*Where Residing If not
at place of deathMarried, Single
or Widowed *Widower*Name of Wife or
Husband *-*Father's
Name *-*Father's
Birthplace *-*Mother's
Maiden Name *-*Mother's
Birthplace *-*Name of person giving
In formation *Geo. Luthier*How related
to deceased *son*

CAUSES OF DEATH

Primary

Age

How long

Immediate

*Coronary Embolism*How long *2 hours*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*R. H. Smith*

Address

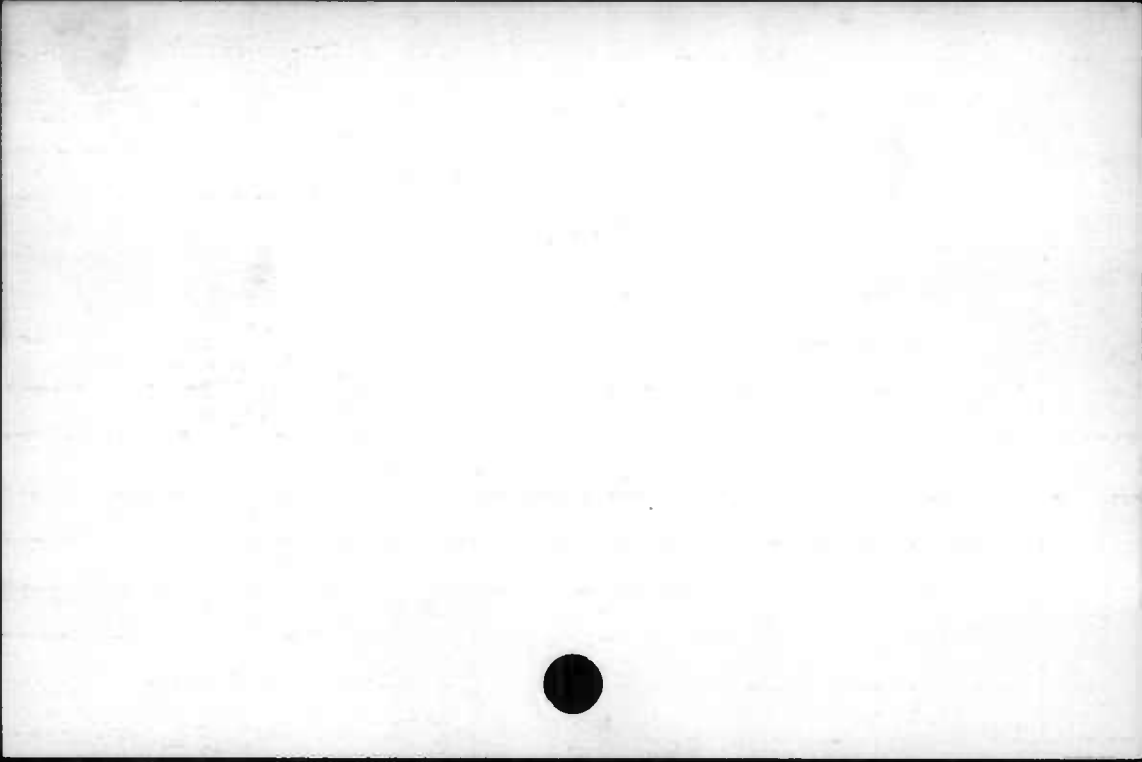
26 de Grace Md

Accident or Suicide?

*✓*PHYSICIAN
OR CORONER




Name in Full John K. Myers		CERTIFICATE OF DEATH	
Died at Harre de Grace ^{Town}		Harford ^{County}	
Date of death 1906		Month 1	Day 6
Age 85		Months	Days
Sex Male	Color or Race White	Birth-place H de Grace	
Occupation Captain	Where Residing if not at place of death		
Married, Single or Widowed Married	Name of Wife or Husband Mary E. Myers		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information Mary E. Myers	How related to deceased Wife		
CAUSES OF DEATH			
Primary General debility of age	How long Several years		
Immediate Indigestion	How long 3 days		
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician R H Smith		
	Address H de Grace Md		
Accident or Suicide?			



Name in Full		Emanuel Nagle				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Fulford		County Harford		MARYLAND	
	Date of death	1906	Month Jan	Day 7	Age 83	Months —	Days —
	Sex	Male		Color or Race	White		Birth-place Pa.
	Occupation	Mason		Where Residing if not at place of death		Fulford	
	Married, Single or Widowed	Married		Name of Wife or Husband		Elizabeth Nagle	
	Father's Name	John Nagle				Father's Birthplace	Germany
	Mother's Maiden Name	Sallie Stumpe				Mother's Birthplace	Prussia
Name of person giving information	Thomas Nagle				How related to deceased	Son	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Circumcision tumor				How long	1 year
	Immediate	Exhaustion				How long	—
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician C. H. C. Smithworth		
					Address Brd. Oakland		
Accident or Suicide? <input checked="" type="checkbox"/>							

Buried at Emory on
Tuesday Jan 9 1906

Name in Full		Town				County		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Daph Ave</i>				<i>Harford</i>		MARYLAND	
		Date of death <i>1906 Jan</i>		Day <i>23</i>		Age <i>68</i> years		Months <i>11</i> Days	
		Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Prophet Ind.</i>			
		Occupation <i>Labuan</i>				Where Residing If not at place of death			
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
		Father's Name <i>Moses Harris</i>				Father's Birthplace <i>—</i>			
		Mother's Maiden Name <i>Betsy Mcfadden</i>				Mother's Birthplace <i>—</i>			
		Name of person giving information <i>Miss Annie Dwyler</i>				How related to deceased			
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary <i>Pneumonia</i>				How long <i>5 days</i>			
						How long			
		Immediate							
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>C. H. Gannon</i>			
						Address <i>Stief Ind.</i>			
		Accident or Suicide?							

Jan 26-06.
Tabernacle Church

Name
in
Full

Sarah Menerva Annon

CERTIFICATE OF DEATH

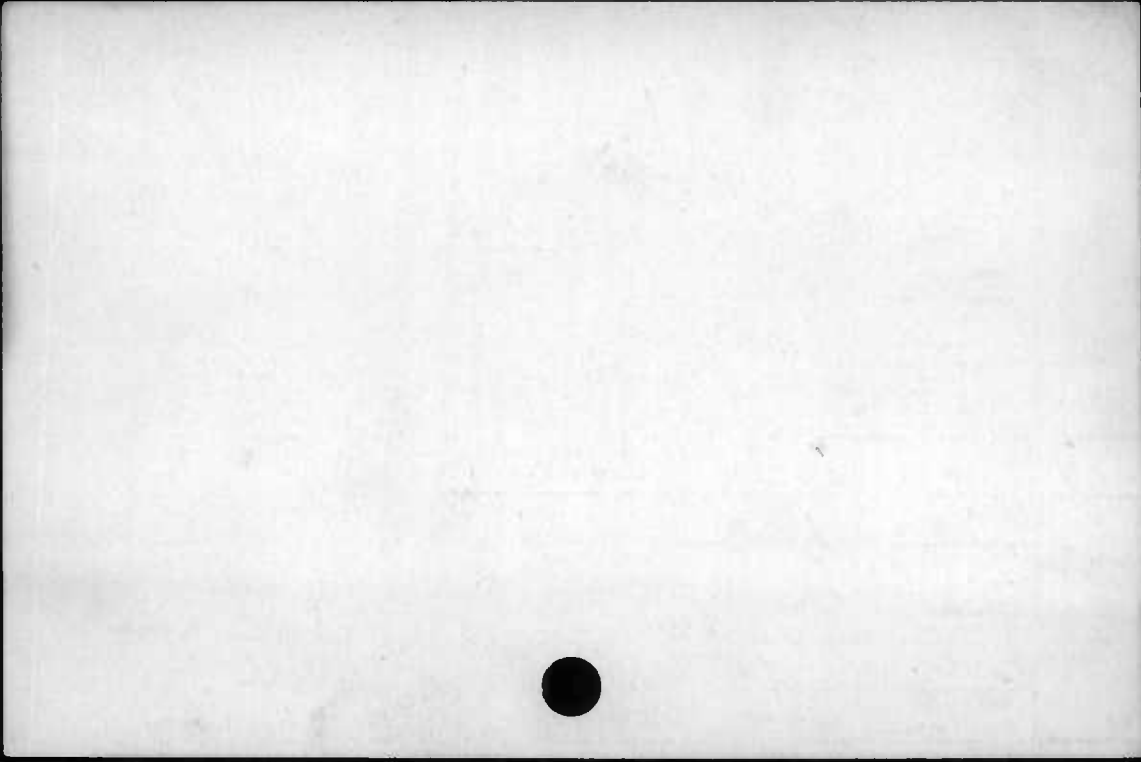
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Near Pleasantville		County Harford		MARYLAND	
Date of death	1906	Month Jan	Day 6	Age	81	Months 10	Days 24
Sex	Female		Color or Race	White		Birth- place	Harford Co Md
Occupation	Housekeeping			Where Residing If not at place of death			
Married, Single or Widowed	Widow		Name of Wife or Husband	Corbin L Annon			
Father's Name	William C Temple				Father's Birthplace	Pennsylvania	
Mother's Maiden Name	Elizabeth Taylor				Mother's Birthplace	Maryland	
Name of person giving In formation	Mary Bavington				How related to deceased	Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Old age	How long	
Immediate	Bronchitis	How long	Six months
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Geo H. Davis M.D.
		Address	Pleasantville Md.
Accident or Suicide?			



Name
in
Full

Chas Arthur Osborn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Creswell</u> ^{Town}		<u>Harford</u> ^{County}		MARYLAND	
Date of death 190 <u>4</u>	<u>1</u> ^{Month}	<u>24</u> ^{Day}	<u>1</u> ^{Years}	<u>3</u> ^{Months}	<u>13</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>W</u>	Birth-place <u>Md</u>			
Married, Single or Widowed <u>Single</u>		Occupation <u>none</u>			
Name of Wife or Husband					
Father's Name <u>Wm Osborne</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Mable Washington</u>			Mother's Birthplace <u>Md</u>		
Name of person giving information <u>Wm Osborn</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Rachitis</u>	How long <u>6 or 7 months</u>
Immediate <u>Exhaustion</u>	How long <u>4 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. J. Callahan</u>
	Address <u>Creswell</u>
Accident or Suicide? <u>—</u>	<u>Maryland</u>



Name in Full		CASSANDRA G. PACE				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Fulford		Harford		MARYLAND		
	Date of death	1906	Jan	16	Age	84	Months 4 Days 12	
	Sex	Female		Color or Race	White		Birth-place	Ind
	Occupation	Housewife			Where Residing if not at place of death			Fulford
	Married, Single or Widowed	Married		Name of Wife or Husband				John W. Pace
	Father's Name	Henry Gilbert				Father's Birthplace	Ind	
	Mother's Maiden Name	Elizabeth Miller				Mother's Birthplace	Ind	
Name of person giving information	Lizzie G. Pace				How related to deceased	Daughter		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Mitral & nonferrous				How long	5 years	
	Immediate	Pulmonary Aedema				How long	12 hours	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	Robert S. Page		
					Address	Blue Air		
	Accident or Suicide?							

And Zion

Name
in
Full

CERTIFICATE OF DEATH

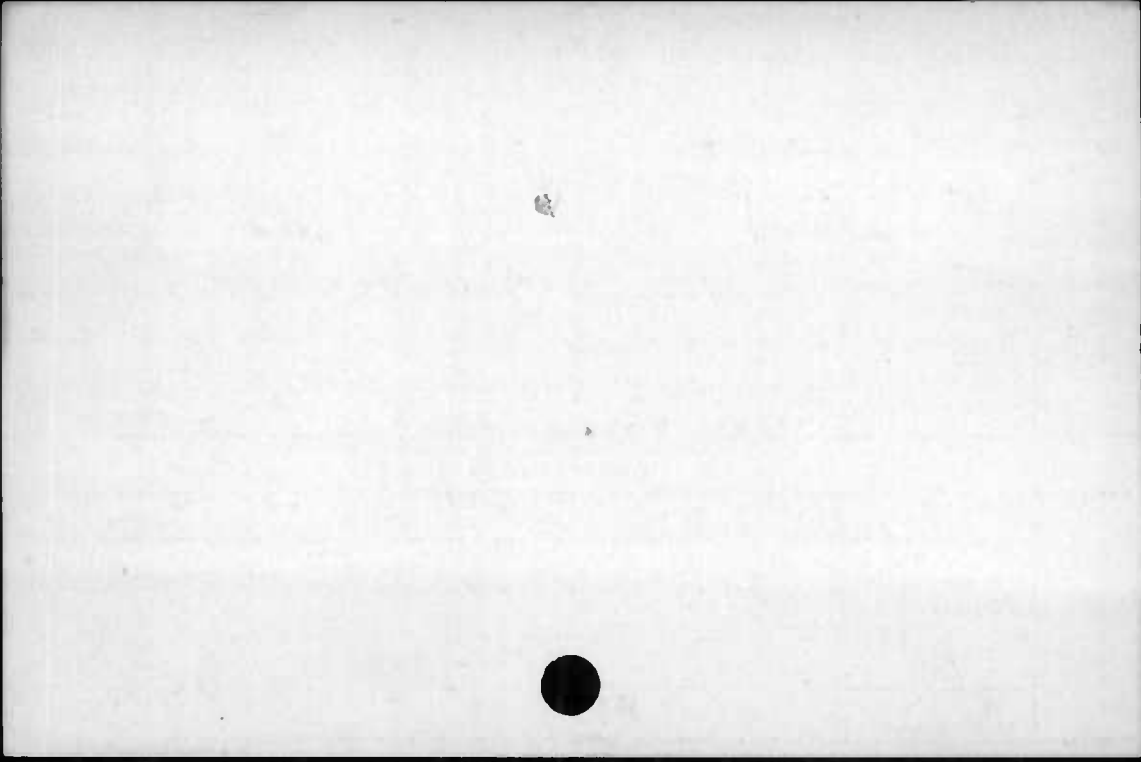
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full John Schuster		Town Harford		County Harford		MARYLAND	
Died at Harford		Month Jan		Day 22		Age 83	
Date of death 190		Month Jan		Day 22		Age 83	
Sex Male		Color or Race White		Birthplace Barania Germany		Months 9	
Occupation Harmer		Where Residing if not at place of death - - - - -					
Married, Single or Widowed Married		Name of Wife or Husband Catharine Helm					
Father's Name Zenard Schuster		Father's Birthplace Germany					
Mother's Maiden Name unknown		Mother's Birthplace " "					
Name of person giving information John P Schuster		How related to deceased Son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Old age senility	How long	154	How long	Five months
Immediate	General debility				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
Yes		Address Oscar H McNewan			
		Harrettsville Md			
Accident or Suicide?					



Name
in
Full

Thomas F. Smithson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Whiteford</i> <small>Town</small>		<i>Hartford.</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i>	<i>Jan.</i> <small>Month</small>	<i>26</i> <small>Day</small>	<i>51</i> <small>Years</small>	<i>10</i> <small>Months</small>	<small>Days</small>
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>ind</i>		
Occupation <i>Laborer</i>			Where Residing if not at place of death <i>ind</i>		
Married, Single or Widowed		Name of Wife or Husband <i>May. M. Smithson</i>			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Emory Smithson</i>			How related to deceased <i>Son</i>		

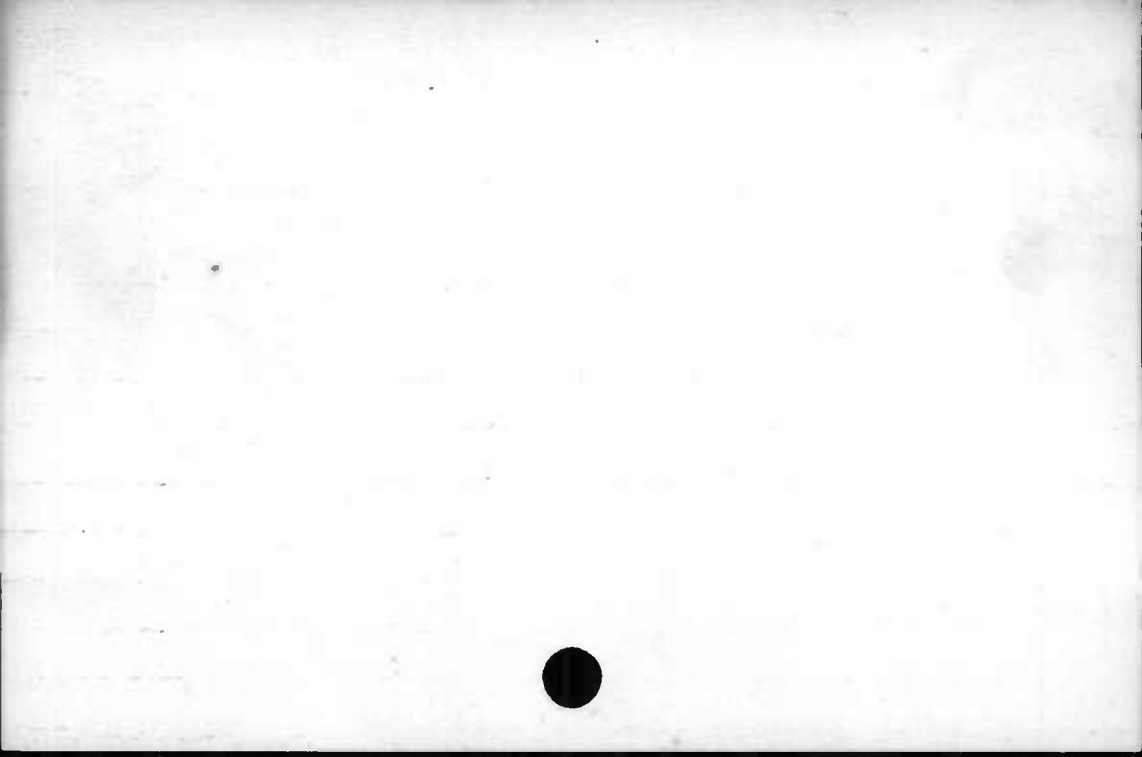
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>8 day</i>
Immediate <i>Heart failing</i>	How long <i>2 day</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. Steward</i>
<i>Yes.</i>	Address <i>Delta Pa.</i>
Accident or Suicide?	



Name in Full		Myrtle Stone				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND			
		Harre de Grace		Harford					
		Date of death	1906	Month	1	Day	4	Years	5
		Sex	Female		Color or Race	White		Birth-place	H de Grace
		Occupation	—		Where Residing if not at place of death		—		
		Married, Single or Widowed	—		Name of Wife or Husband		—		
		Father's Name	M Stone				Father's Birthplace	Harre de Grace	
Mother's Maiden Name	H. Aye				Mother's Birthplace	" " "			
Name of person giving information	M Stone				How related to deceased	Father			
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary		Diphtheria		How long	6 days		
		Immediate				How long			
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	R N Smith		
				Address		Harre de Grace Md			
		Accident or Suicide?							



Name
in
Full

Thomas J. Tydings

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Edgewood</i> Town		<i>Harford</i> County		MARYLAND	
Date of death	<i>1906</i>	Month <i>January</i>	Day <i>30th</i>	Years <i>60</i>	Months <i>7</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Abingdon</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Riverside</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Sallie Harney</i>				
Father's Name <i>Lloyd Tydings</i>	Father's Birthplace <i>?</i>				
Mother's Maiden Name <i>Eliza Ford</i>	Mother's Birthplace <i>?</i>				
Name of person giving information <i>Mrs J. V.</i>	(99)		How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary congestion</i>	How long <i>?</i>
Immediate <i>Abscess</i>	How long <i>12 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. Oppermann</i>
	Address <i>Abingdon</i>
	<i>Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

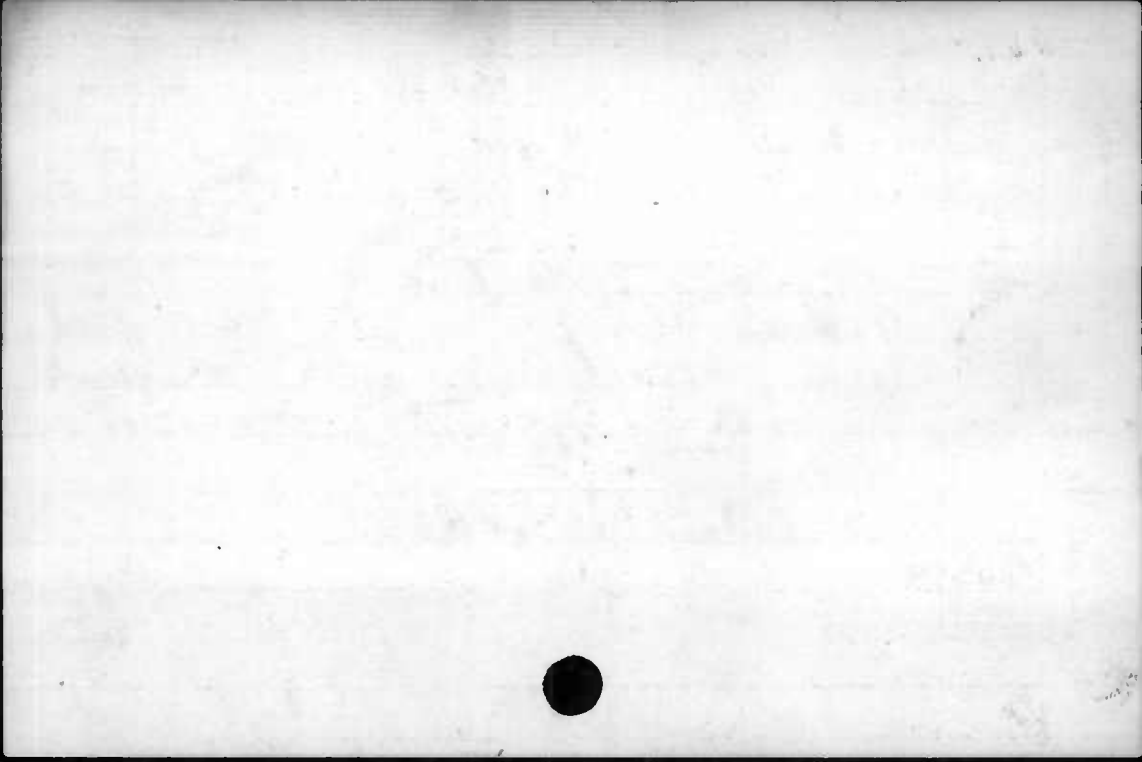
MARYLAND

Died at <i>Whiteford</i>		County <i>Harford</i>	
Date of death <i>1906</i>	Month <i>1</i>	Day <i>5</i>	Age <i>49</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ind</i>	
Occupation <i>House wife</i>	Where Residing if not at place of death <i>Ind</i>		
Married, Single or Widowed	Name of Wife or Husband <i>Richard Whitaker</i>		
Father's Name <i>Jesse Price</i>	Father's Birthplace <i>Ind</i>		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information <i>Richard Whitaker</i>	How related to deceased <i>Husband</i>		

CAUSES OF DEATH

Primary <i>Carcinoma of uterus</i>	How long <i>4 yrs.</i>
Immediate <i>Cerebral Thrombosis</i>	How long <i>14 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Richard Ramsey</i>
	Address <i>Della York, Pa</i>
Accident or Suicide? <i>✓</i>	

PHYSICIAN
OR CORONER



Name
in
Full

Andrew Jackson Wiley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Shanville* Town*Harford* CountyDate of death 1906 *January* MonthDay *3*Age *80* YearsMonths *1*Days *21*Sex *Male*

Color or Race

White

Birth-place

Maryland

Married, Single or Widowed

Widowed

Occupation

Farmer

Name of Wife or Husband

Margaret E. Aston

Father's Name

Mathew Wiley

Father's Birthplace

Maryland

Mother's Maiden Name

Ann Morris

Mother's Birthplace

Maryland

Name of person giving information

A. R. Wiley

How related to deceased

Son

CAUSES OF DEATH

Primary

Maladies incident.

How long

Immediate

to old age

How long

1 year

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

W. Millard Stirling

Address

*Shane,
Baltimore, Md.*

Accident or Suicide?

PHYSICIAN
OR CORONER

